

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018697

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 4 1962

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SPRINGFIELD

Length of stay in lb

7 MO.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. JOHN'S HOSP.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY

GREENE

Inside Limits

Yes ☐ No ☒c. CITY  
OR  
TOWN

SPRINGFIELD

d. STREET  
ADDRESS

(If outside, give location)

ROUTE # 12 BOX # 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LAWRENCE

ABRAHAM

PLUNKETT

4. DATE  
OF  
DEATH

Month

Day

Year

MAY

29

1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

11/17/07

54

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

AERIAL FRAMER

## 10b. KIND OF BUSINESS OR INDUSTRY

TELEPHONE CONSTRUCTION

## 11. BIRTHPLACE (City and state or country)

YALE, ILL.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

GARRETT PLUNKETT

## 13b. MOTHER'S MAIDEN NAME

MAUD ABRAHAM

## 14. NAME OF HUSBAND OR WIFE

LILLIAN PLUNKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

YES

W.W. # 2

## 17. INFORMANT

Address

LILLIAN PLUNKETT, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diffuse Brain Injury

skull Fracture

Cerebral Subdural Hematoma

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days?☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell from telephone pole, 18 feet higher

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

5-24-62

20d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

5-24-62

5-29-62

5-29-62

21. I attended the deceased from  
Death occurred at

1:25 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John P. K. Kiang M.D.

## 22b. ADDRESS

1636 S. Glenstone, Springfield, MO.

## 22c. DATE SIGNED

5/31/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

REMOVAL &amp; BURIAL

6/1/62

ATEN

JASPER COUNTY, ILL.

## 24. FUNERAL DIRECTOR

ADDRESS

H. H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

6-1-62

## 26. REGISTRAR'S SIGNATURE

John E. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/596397  
2390

3

4 0

5 1

6

7 1

8 1

9 8

10 8

11 039

12 4-0

13

JOHN P. K. KIANG, M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 5 1962  
JUN 14 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lucien L. Swadley*

Licensed Embalmer No.

4815

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.